PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number				
)	MSFT-3956/148481-03				
Effective October 1, 2003								10/828591					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF		R THAN ENTITY	
TOTAL CLAIMS			11					RATE	FEE		RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	OF	BASIC FEI	770.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		•			XS 9=		OF	XS18=		
INDEPENDENT CLAIMS			/ n	/ minus 3 =		-		X43=		OR	X86=		
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT				+145=		OR				
- 1	the difference	e in column 1 is	less than zero, enter "0" in column 2				ı	TOTAL		OR		770	
	•	CLAIMS AS	MENDE	D. PART II 4/2//01				101/1	·		OTHER		
	,	(Column 1)	-MENDE	(Colum	,	(Column 3)		SMAL	L ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST SER USLY	PRESENT EXTRA		RAJE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	· /i	Minus	- 2	đ			X\$ 9=		OR	X\$18=		
ME	Independent	- /	Minus	3	3	3 —		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	4.45	1	1	.000		
							L	+145=		OR	+290=	<u> </u>	
								DDIT. FEI		JOR	ADDIT. FEE		
_	(Column 1) (Column 2) (Column 3)								1	-			
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
WE	Independent	<u> </u>	Minus	***		=	Γ	X43= .		OR	X86=		
	FIRST PRESE	NTATION OF ML	JLTIPLE DEI	PENDENT	CLAIM		T	+145=		OR	+290=		
										ا _م ے!	TOTAL		
		(Calumn 1)		(Column	-: O\	(Column 3)	AL	ODIT. FEE			DOIT. FEE		
	`	(Column 1) CLAIMS		(Columi HIGHE		(Column 3)	Ė		ADDI-	1 1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
NE [Independent	•	Minus	***		=		X43=		1 1	X86=	•	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	 i		
				<u> </u>			L	145=		OR	+290=		
 #	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR A	TOTAL DDIT. FEE		
		mber Previously Paid ber Previously Paid						DIT. FEE	propriate bo		•	ı	
										•	•	1	